

CLAIMS ONLY

Application Number

101813, 674

.. Filling Date

Applicant(s)

| CLAIMS | AS FILED 11/29/19 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep. | Depend | Indep. | Depend | Indep. | Depend |
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| Total Indep. | 2 | | | | | |
| Total Depend. | 12 | | | | | |
| Total Claims | 14 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend | Indep. | Depend | Indep. | Depend |
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| Total Indep. | | | | | | |
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